Fill in this information to identify your case:

Debtor 1 **Barbara Mosier Weible**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **16-03799**
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. **Schedule A/B: Property** (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	$ **130,000.00**
1b. Copy line 62, Total personal property, from Schedule A/B	$ **4,969.90**
1c. Copy line 63, Total of all property on Schedule A/B	$ **134,969.90**

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)	
2a. Copy the total you listed in Column A, *Amount of claim,* at the bottom of the last page of Part 1 of *Schedule D*...	$ **57,779.53**
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*	$ **3,210.00**
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*	$ **31,961.00**
Your total liabilities	$ **92,950.53**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I) Copy your combined monthly income from line 12 of *Schedule I*	$ **1,517.00**
5. *Schedule J: Your Expenses* (Official Form 106J) Copy your monthly expenses from line 22c of *Schedule J*	$ **1,193.48**

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

■ Yes

7. **What kind of debt do you have?**

■ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts**. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. $ **0.00**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

From Part 4 on *Schedule E/F*, copy the following:	**Total claim**
9a. Domestic support obligations (Copy line 6a.)	$ **0.00**
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$ **0.00**
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$ **0.00**
9d. Student loans. (Copy line 6f.)	$ **0.00**
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$ **0.00**
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	**+**$ **0.00**
9g. **Total.** Add lines 9a through 9f.	$ **0.00**

Fill in this information to identify your case and this filing:

Debtor 1 **Barbara Mosier Weible**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **16-03799**

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. **Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☐ No. Go to Part 2.

■ Yes. Where is the property?

1.1 **412 NORTHSHORE COURT**
Street address, if available, or other description

Chapin **SC** **29036-0000**
City State ZIP Code

Lexington
County

What is the property? Check all that apply

■ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	**Current value of the portion you own?**
$130,000.00	**$130,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number:

DEBTORS RESIDENCE: 412 NORTHSHORE COURT, CHAPIN, SC 29036, LEXINGTON COUNTY, (3) BEDROOM, (2.5) BATH BRICK.VINYL SIDING HOME, HOME WAS BUILT IN 1993 AND HAS (1,872) TOTAL SQUARE FEET, DEBTOR PURCHASED HOME IN 1996 FOR ($91,000); TMS # (000727-01-028), TAX APPRAISAL VALUE ($138,162), SEE ATTACHED TAX APPRASIAL, DEBTORS OPINION OF MARKET VALUE ($130,000)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here...=>** **$130,000.00**

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No

■ Yes

3.1 Make: **CAVALIER**
Model: **CHEVROLET**
Year: **2002**
Approximate mileage: **89,079**
Other information:
VIN # (1G1JC524727372186), (4) DOOR, (4) CYLINDER, KELLEY BLUE BOOK VALUE ($693)

Who has an interest in the property? Check one

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
$693.00	**$693.00**

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

■ No

☐ Yes

5 **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here...=>** **$693.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**
Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

■ Yes. Describe.....

HOUSEHOLD GOODS: BED, DRESSER, NIGHT STAND, END TABLE, COFFEE TABLE, ENTERTANIMENT CENTER, LOVE SEAT, COUCH, WASHER, DRYER, REFRIGERATOR **$1,800.00**

7. **Electronics**
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

■ Yes. Describe.....

ELECTRONICS: TELEVISION **$250.00**

8. **Collectibles of value**
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

■ Yes. Describe.....

ASSORTED BOOKS AND PICTURES **$50.00**

9. **Equipment for sports and hobbies**
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

■ No

Debtor 1 **Barbara Mosier Weible** Case number *(if known)* **16-03799**

☐ Yes. Describe.....

10. **Firearms**
Examples: Pistols, rifles, shotguns, ammunition, and related equipment

■ No
☐ Yes. Describe.....

11. **Clothes**
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No
■ Yes. Describe.....

CLOTHING: ASSORTED USED CLOTHING	**$500.00**

12. **Jewelry**
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No
■ Yes. Describe.....

JEWELRY: ASSORTED COSTUME JEWELRY	**$50.00**

13. **Non-farm animals**
Examples: Dogs, cats, birds, horses

■ No
☐ Yes. Describe.....

14. **Any other personal and household items you did not already list, including any health aids you did not list**

■ No
☐ Yes. Give specific information.....

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here ....** **$2,650.00**

Part 4: **Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?	**Current value of the portion you own?** Do not deduct secured claims or exemptions.

16. **Cash**
Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

■ No
☐ Yes...

17. **Deposits of money**
Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No
■ Yes.......................

		Institution name:	
17.1.	**Savings**	**CAROLINAS TELCO FEDERAL CREDIT UNION: SAVINGS ACCOUNT # (0885-S001)**	**$5.00**
17.2.	**Checking**	**CAROLINAS TELCO FEDERAL CREDIT UNION: CHECKING ACCOUNT # (0885-S017)**	**$0.00**

Debtor 1 **Barbara Mosier Weible** Case number *(if known)* **16-03799**

18. **Bonds, mutual funds, or publicly traded stocks**
Examples: Bond funds, investment accounts with brokerage firms, money market accounts

■ No
☐ Yes................. Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

■ No
☐ Yes. Give specific information about them..................
Name of entity: % of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

■ No
☐ Yes. Give specific information about them
Issuer name:

21. **Retirement or pension accounts**
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

■ No
☐ Yes. List each account separately.
Type of account: Institution name:

22. **Security deposits and prepayments**
Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

■ No
☐ Yes. .... Institution name or individual:

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No
☐ Yes............ Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No
☐ Yes............ Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

■ No
☐ Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No
☐ Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No
☐ Yes. Give specific information about them...

Money or property owed to you?	**Current value of the portion you own?** Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

■ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.......

29. **Family support**
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement
■ No
☐ Yes. Give specific information......

30. **Other amounts someone owes you**
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else
■ No
☐ Yes. Give specific information..

31. **Interests in insurance policies**
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance
■ No
☐ Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:

32. **Any interest in property that is due you from someone who has died**
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.
■ No
☐ Yes. Give specific information..

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**
Examples: Accidents, employment disputes, insurance claims, or rights to sue
■ No
☐ Yes. Describe each claim.........

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**
■ No
☐ Yes. Describe each claim.........

35. **Any financial assets you did not already list**
☐ No
■ Yes. Give specific information..

SOCIAL SECURITY BENEFIT: DEBTOR RECEIVES SOCIAL SECURITY BENEFIT IN THE GROSS AMOUNT OF ($1,621.90)/MONTHLY	**$1,621.90**

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here...** **$1,626.90**

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**
■ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**
■ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**
Examples: Season tickets, country club membership

■ No
☐ Yes. Give specific information.........

54. **Add the dollar value of all of your entries from Part 7. Write that number here** **$0.00**

Part 8: List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2**			**$130,000.00**
56. **Part 2: Total vehicles, line 5**	**$693.00**		
57. **Part 3: Total personal and household items, line 15**	**$2,650.00**		
58. **Part 4: Total financial assets, line 36**	**$1,626.90**		
59. **Part 5: Total business-related property, line 45**	**$0.00**		
60. **Part 6: Total farm- and fishing-related property, line 52**	**$0.00**		
61. **Part 7: Total other property not listed, line 54**	+ **$0.00**		
62. **Total personal property.** Add lines 56 through 61...	**$4,969.90**	Copy personal property total	**$4,969.90**
63. **Total of all property on Schedule A/B**. Add line 55 + line 62			**$134,969.90**

COUNTY OF LEXINGTON
SOUTH CAROLINA

Residence

Data last updated: 07/28/2016

TMS#:000727-01-028 Show Map
TAX YEAR:2016
OWNER:WEIBLE, BARBARA M
ADDRESS:412 NORTHSHORE CT
CHAPIN, SC 29036
PROPERTY ADDRESS:412 NORTHSHORE CT
LEGAL DESCRIPTION:NORTHSHORE PH II LOT 28
DEED BOOK & PAGE:3907-089
PLAT:277-863
LAND USE:1001:RESIDENTIAL - IMPROVED
TAX DISTRICT:5

ASSESSMENT INFORMATION

LOTS:1
ACRES:.19
TAXABLE LAND:25000
TAXABLE BUILDING:113162
ASSESSMENT LAND:1000
ASSESSMENT BUILDING:4530
HOMESTEAD EXEMPT ASSESSMENT:0
TAX RELIEF EXEMPT ASSESSMENT:5530

BUILDING INFORMATION

SQUARE FOOT LIVING AREA:1872
UNFINISHED AREA:
YEAR BUILT:1993
NUMBER OF BEDROOMS:3
NUMBER OF FULL BATHS:2
NUMBER OF HALF BATHS:1
HEATING SYSTEM:
HEAT:HT AND AIR-CENTRAL HEAT AND AIR

SALES INFORMATION

SALE DATE	SELLER	BUYER	PRICE	BOOK/PAGE
10/01/1996	HOOD R E & S W	WEIBLE B M	91000	3907-089
09/01/1993	TEC RENTAL PROPS INC	HOOD R E & S W	73210	2729-342

Fill in this information to identify your case:

Debtor 1 **Barbara Mosier Weible**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **16-03799**
(if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on *Schedule A/B* that lists this property	**Current value of the portion you own** Copy the value from *Schedule A/B*	**Amount of the exemption you claim** *Check only one box for each exemption.*	**Specific laws that allow exemption**
412 NORTHSHORE COURT Chapin, SC 29036 Lexington County DEBTORS RESIDENCE: 412 NORTHSHORE COURT, CHAPIN, SC 29036, LEXINGTON COUNTY, (3) BEDROOM, (2.5) BATH BRICK.VINYL SIDING HOME, HOME WAS BUILT IN 1993 AND HAS (1,872) TOTAL SQUARE FEET, DEBTOR PURCHASE Line from *Schedule A/B*: **1.1**	**$130,000.00**	■ **$53,200.00** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(1)**
412 NORTHSHORE COURT Chapin, SC 29036 Lexington County DEBTORS RESIDENCE: 412 NORTHSHORE COURT, CHAPIN, SC 29036, LEXINGTON COUNTY, (3) BEDROOM, (2.5) BATH BRICK.VINYL SIDING HOME, HOME WAS BUILT IN 1993 AND HAS (1,872) TOTAL SQUARE FEET, DEBTOR PURCHASE Line from *Schedule A/B*: **1.1**	**$130,000.00**	■ **$5,895.00** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(7) UNUSED PORTION OF HOMESTEAD**

Debtor 1 **Barbara Mosier Weible** Case number (if known) **16-03799**

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
2002 CAVALIER CHEVROLET 89,079 miles VIN # (1G1JC524727372186), (4) DOOR, (4) CYLINDER, KELLEY BLUE BOOK VALUE ($693) Line from *Schedule A/B*: **3.1**	**$693.00**	■ **$5,900.00** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(2)**
HOUSEHOLD GOODS: BED, DRESSER, NIGHT STAND, END TABLE, COFFEE TABLE, ENTERTANIMENT CENTER, LOVE SEAT, COUCH, WASHER, DRYER, REFRIGERATOR Line from *Schedule A/B*: **6.1**	**$1,800.00**	■ **$1,800.00** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(3)**
ELECTRONICS: TELEVISION Line from *Schedule A/B*: **7.1**	**$250.00**	■ **$250.00** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(3)**
ASSORTED BOOKS AND PICTURES Line from *Schedule A/B*: **8.1**	**$50.00**	■ **$50.00** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(3)**
CLOTHING: ASSORTED USED CLOTHING Line from *Schedule A/B*: **11.1**	**$500.00**	■ **$500.00** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(3)**
JEWELRY: ASSORTED COSTUME JEWELRY Line from *Schedule A/B*: **12.1**	**$50.00**	■ **$50.00** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(4)**
Savings: CAROLINAS TELCO FEDERAL CREDIT UNION: SAVINGS ACCOUNT # (0885-S001) Line from *Schedule A/B*: **17.1**	**$5.00**	■ **$5.00** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(7) UNUSED PORTION OF HOMESTEAD**
SOCIAL SECURITY BENEFIT: DEBTOR RECEIVES SOCIAL SECURITY BENEFIT IN THE GROSS AMOUNT OF ($1,621.90)/MONTHLY Line from *Schedule A/B*: **35.1**	**$1,621.90**	■ **$1,621.90** ☐ 100% of fair market value, up to any applicable statutory limit	**S.C. Code Ann. § 15-41-30(A)(11)(a)**

3. **Are you claiming a homestead exemption of more than $160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

■ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 **Barbara Mosier Weible**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **16-03799**
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

■ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**	*Column C* **Unsecured portion** If any
2.1 REPUBLIC FINANCE	**$1,500.00**	**$693.00**	**$807.00**
2.2 SELENE FINANCE	**$54,779.53**	**$130,000.00**	**$0.00**

2.1 REPUBLIC FINANCE
Creditor's Name

7031 COMMERCE CIRCLE
SUITE 100
Baton Rouge, LA 70809
Number, Street, City, State & Zip Code

Describe the property that secures the claim:
2002 CAVALIER CHEVROLET: TO BE PAID THROUGH PLAN

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.
■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
■ Other (including a right to offset) **Auto Loan**

Date debt was incurred **2014** **Last 4 digits of account number** **0885**

2.2 SELENE FINANCE
Creditor's Name

9990 RICHMOND
SUITE 400
Houston, TX 77042
Number, Street, City, State & Zip Code

Describe the property that secures the claim:
412 NORTHSHORE COURT Chapin, SC 29036: ARREARS TO BE TREATED THROUGH LOAN MODIFICATION

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.
■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
■ Other (including a right to offset) **Mortgage**

Date debt was incurred **10/98** **Last 4 digits of account number** **0188**

Debtor 1 **Barbara Mosier Weible** — Case number (if know) **16-03799**
First Name Middle Name Last Name

2.3 **SOUTHERN FINANCE**
Creditor's Name

1400 MAIN STREET
Newberry, SC 29108
Number, Street, City, State & Zip Code

Describe the property that secures the claim:
HOUSEHOLD GOODS: 522 (f) VOIDABLE

$1,500.00	**$1,800.00**	**$0.00**

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.
- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ■ Other (including a right to offset) **Non-Purchase Money Security**

Date debt was incurred **2014** **Last 4 digits of account number** **7429**

Add the dollar value of your entries in Column A on this page. Write that number here:	**$57,779.53**
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	**$57,779.53**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code
RILEY, POPE & LANEY, LLC
POST OFFICE BOX 11412
Columbia, SC 29211

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number ___

Fill in this information to identify your case:

Debtor 1	**Barbara Mosier Weible**		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	**16-03799**		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims 12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

■ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	**MOSS & ASSOCIATES, ATTORNEYS, P.A.** Priority Creditor's Name **816 ELMWOOD AVENUE** **Columbia, SC 29201** Number Street City State ZIp Code	Last 4 digits of account number	$3,210.00	$3,210.00	$0.00

When was the debt incurred?

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

■ Other. Specify **Wages, salaries, and commissions**
ATTORNEYS FEE

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. **Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

■ Yes.

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Barbara Mosier Weible** Case number (if know) **16-03799**

4.1 **CAROLINA TELCO FEDERAL CREDIT UNION**
Nonpriority Creditor's Name
PO BOX 668467
Charlotte, NC 28266
Number Street City State ZIp Code

Last 4 digits of account number **7429** **$1,000.00**

When was the debt incurred? **1985**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Collections**

4.2 **HUMANA**
Nonpriority Creditor's Name
PO BOX 3024
Milwaukee, WI 53201
Number Street City State ZIp Code

Last 4 digits of account number **3421** **$916.00**

When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Collections**

4.3 **IRS**
Nonpriority Creditor's Name
PO BOX 7346
Philadelphia, PA 19101-7346
Number Street City State ZIp Code

Last 4 digits of account number **$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **NOTICE ONLY**

Debtor 1 **Barbara Mosier Weible** Case number (if know) **16-03799**

4.4 **LEXINGTON COUNTY**
Nonpriority Creditor's Name
212 SOUTH LAKE DRIVE
Lexington, SC 29072
Number Street City State ZIp Code

Last 4 digits of account number **$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **NOTICE ONLY**

4.5 **LEXINGTON MEDICAL CENTER**
Nonpriority Creditor's Name
PO BOX 100274
Columbia, SC 29202-3274
Number Street City State ZIp Code

Last 4 digits of account number **7429** **$30,000.00**

When was the debt incurred? **2000**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Medical Bills**

4.6 **SC DEPT OF REVENUE**
Nonpriority Creditor's Name
PO BOX 12265
Columbia, SC 29211
Number Street City State ZIp Code

Last 4 digits of account number **$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **NOTICE ONLY**

4.7 **THE EYE CENTER**
Nonpriority Creditor's Name
1655 BERNAARDIAN AVENUE
SUITE 100
Columbia, SC 29204
Number Street City State ZIp Code

Last 4 digits of account number **0098** **$45.00**

When was the debt incurred? **05/16**

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Medical Bills**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.3** of (*Check one):*
- ☐ Part 1: Creditors with Priority Unsecured Claims
- ■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
RECEIVABLE SOLUTIONS
PO BOX 21808
Columbia, SC 29221

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.5** of (*Check one):*
- ☐ Part 1: Creditors with Priority Unsecured Claims
- ■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.3** of (*Check one):*
- ☐ Part 1: Creditors with Priority Unsecured Claims
- ■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total claims from Part 1	6a.	**Domestic support obligations**	6a.	$ 0.00
	6b.	**Taxes and certain other debts you owe the government**	6b.	$ 0.00
	6c.	**Claims for death or personal injury while you were intoxicated**	6c.	$ 0.00
	6d.	**Other.** Add all other priority unsecured claims. Write that amount here.	6d.	$ 3,210.00
	6e.	**Total Priority.** Add lines 6a through 6d.	6e.	$ 3,210.00

				Total Claim
Total claims from Part 2	6f.	**Student loans**	6f.	$ 0.00
	6g.	**Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0.00
	6h.	**Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0.00
	6i.	**Other.** Add all other nonpriority unsecured claims. Write that amount	6i.	$ 31,961.00

here.

6j.	**Total Nonpriority.** Add lines 6f through 6i.	6j.	$ **31,961.00**

Fill in this information to identify your case:

Debtor 1	Barbara Mosier Weible		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	16-03799		

☐ Check if this is an amended filing

Official Form 106G
Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
   ■ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
   ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Name Number Street City State ZIP Code	
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1: **Barbara Mosier Weible**
First Name / Middle Name / Last Name

Debtor 2 (Spouse if, filing):
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known): **16-03799**

☐ Check if this is an amended filing

Official Form 106H
Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.

■ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

■ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

	Column 1: **Your codebtor** Name, Number, Street, City, State and ZIP Code	*Column 2:* **The creditor to whom you owe the debt** Check all schedules that apply:
3.1	Name Number Street City State ZIP Code	☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
3.2	Name Number Street City State ZIP Code	☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line

Fill in this information to identify your case:

Debtor 1: Barbara Mosier Weible

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (If known): 16-03799

Check if this is:
- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date: ________ MM / DD/ YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☐ Employed ■ Not employed	☐ Employed ☐ Not employed
Occupation		
Employer's name		
Employer's address		
How long employed there?		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 0.00	$ N/A
3.	**Estimate and list monthly overtime pay.**	3.	+$ 0.00	+$ N/A
4.	**Calculate gross Income.** Add line 2 + line 3.	4.	$ 0.00	$ N/A

Debtor 1 **Barbara Mosier Weible** Case number (*if known*) **16-03799**

		Line	For Debtor 1	For Debtor 2 or non-filing spouse
	Copy line 4 here	4.	$ 0.00	$ N/A
5.	**List all payroll deductions:**			
5a.	**Tax, Medicare, and Social Security deductions**	5a.	$ 0.00	$ N/A
5b.	**Mandatory contributions for retirement plans**	5b.	$ 0.00	$ N/A
5c.	**Voluntary contributions for retirement plans**	5c.	$ 0.00	$ N/A
5d.	**Required repayments of retirement fund loans**	5d.	$ 0.00	$ N/A
5e.	**Insurance**	5e.	$ 0.00	$ N/A
5f.	**Domestic support obligations**	5f.	$ 0.00	$ N/A
5g.	**Union dues**	5g.	$ 0.00	$ N/A
5h.	**Other deductions.** Specify:	5h.+	$ 0.00	+ $ N/A
6.	**Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	$ 0.00	$ N/A
7.	**Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 0.00	$ N/A
8.	**List all other income regularly received:**			
8a.	**Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 0.00	$ N/A
8b.	**Interest and dividends**	8b.	$ 0.00	$ N/A
8c.	**Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0.00	$ N/A
8d.	**Unemployment compensation**	8d.	$ 0.00	$ N/A
8e.	**Social Security**	8e.	$ 1,517.00	$ N/A
8f.	**Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	$ 0.00	$ N/A
8g.	**Pension or retirement income**	8g.	$ 0.00	$ N/A
8h.	**Other monthly income.** Specify:	8h.+	$ 0.00	+ $ N/A
9.	**Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	$ 1,517.00	$ N/A

10. **Calculate monthly income.** Add line 7 + line 9.
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.
10. $ 1,517.00 + $ N/A = $ 1,517.00

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: 11. +$ 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.
Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data,* if it applies
12. $ 1,517.00
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
- ■ No.
- ☐ Yes. Explain: **DEBTOR DOES NOT ANTICIPATE ANY CHANGES IN INCOME OF MORE THAN 10% EXCEPT COST OF LIVING 1-5%. DEBTOR RECEIVES SOCIAL SECURITY BENEFIT IN THE GROSS AMOUNT OF ($1,621.90)/MONTHLY WITH ($104.90) DEDUCTED MONTHLY FOR HEALTH INSURANCE.**

employer reports your earnings on your W-2 form. If the earnings on your 2015 W-2 form(s) include money you earned in another year, please contact us before April 15 to let us know.

- The 2015 earnings limit for people under full retirement age all year was $15,720.

Your Benefit Amount

1096563

BENEFICIARY'S NAME: BARBARA M WEIBLE

We review Social Security benefits each year to make sure they keep up with the cost of living. The law does not permit an increase in benefits when there is no increase in the cost of living. So your benefit will stay the same in 2016. There was no increase in the cost of living during the past year based on the Consumer Price Index (CPI) published by the Department of Labor. The CPI is the Federal government's official measure used to calculate cost of living increases.

How Much Will I Get And When?

• Your monthly amount (before deductions) is	$1,621.90
• The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of November 20, 2015, or if someone else pays your premium, we show $0.00.)	$104.90
• The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of November 1, 2015, we show $0.00.)	$0.00
• The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of November 20, 2015, we show $0.00.)	$0.00
• After we take any other deductions, you will receive on or about Jan. 20, 2016.	$1,517.00

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at *www.godirect.org* online.

1096563

What If I Have Questions?

- Visit our website at *www.socialsecurity.gov* for more information about Social Security.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) if you have questions

Fill in this information to identify your case:

Debtor 1 **Barbara Mosier Weible**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **16-03799**
(If known)

Check if this is:
☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J
Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

■ No. Go to line 2.
☐ Yes. **Does Debtor 2 live in a separate household?**

☐ No
☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. **Do you have dependents?** ■ No

Do not list Debtor 1 and Debtor 2. ☐ Yes. Fill out this information for each dependent.............

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?** ■ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

			Your expenses
4.	**The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4. $	405.48
	If not included in line 4:		
4a.	Real estate taxes	4a. $	0.00
4b.	Property, homeowner's, or renter's insurance	4b. $	0.00
4c.	Home maintenance, repair, and upkeep expenses	4c. $	15.00
4d.	Homeowner's association or condominium dues	4d. $	0.00
5.	**Additional mortgage payments for your residence,** such as home equity loans	5. $	0.00

Debtor 1 **Barbara Mosier Weible** Case number (if known) **16-03799**

6.	**Utilities:**		
	6a. Electricity, heat, natural gas	6a.	$ **175.00**
	6b. Water, sewer, garbage collection	6b.	$ **20.00**
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$ **210.00**
	6d. Other. Specify:	6d.	$ **0.00**
7.	**Food and housekeeping supplies**	7.	$ **100.00**
8.	**Childcare and children's education costs**	8.	$ **0.00**
9.	**Clothing, laundry, and dry cleaning**	9.	$ **0.00**
10.	**Personal care products and services**	10.	$ **0.00**
11.	**Medical and dental expenses**	11.	$ **10.00**
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$ **100.00**
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$ **0.00**
14.	**Charitable contributions and religious donations**	14.	$ **0.00**
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	$ **0.00**
	15b. Health insurance	15b.	$ **78.00**
	15c. Vehicle insurance	15c.	$ **80.00**
	15d. Other insurance. Specify:	15d.	$ **0.00**
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	$ **0.00**
17.	**Installment or lease payments:**		
	17a. Car payments for Vehicle 1	17a.	$ **0.00**
	17b. Car payments for Vehicle 2	17b.	$ **0.00**
	17c. Other. Specify:	17c.	$ **0.00**
	17d. Other. Specify:	17d.	$ **0.00**
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$ **0.00**
19.	**Other payments you make to support others who do not live with you.** Specify:	19.	$ **0.00**
20.	**Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**		
	20a. Mortgages on other property	20a.	$ **0.00**
	20b. Real estate taxes	20b.	$ **0.00**
	20c. Property, homeowner's, or renter's insurance	20c.	$ **0.00**
	20d. Maintenance, repair, and upkeep expenses	20d.	$ **0.00**
	20e. Homeowner's association or condominium dues	20e.	$ **0.00**
21.	**Other:** Specify:	21.	+$ **0.00**
22.	**Calculate your monthly expenses**		
	22a. Add lines 4 through 21.		$ **1,193.48**
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		$
	22c. Add line 22a and 22b. The result is your monthly expenses.		$ **1,193.48**
23.	**Calculate your monthly net income.**		
	23a. Copy line 12 *(your combined monthly income)* from Schedule I.	23a.	$ **1,517.00**
	23b. Copy your monthly expenses from line 22c above.	23b.	-$ **1,193.48**
	23c. Subtract your monthly expenses from your monthly income. The result is your *monthly net income*.	23c.	$ **323.52**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

☐ Yes. Explain here: **DEBTOR DOES NOT ANTICIPATE ANY CHANGES IN EXPENSES. DEBTOR IS IN THE PROCESS OF WORKING OUT A LOAN MODIFICATION WITH MORTGAGE COMPANY, THEREFORE MORTGAGE PAYMENT LISTED ABOVE REFLECTS ANTICIPATED NEW MORTGAGE PAYMENT.**

Fill in this information to identify your case:

Debtor 1	**Barbara Mosier Weible**		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	**16-03799**		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of person __________ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Barbara Mosier Weible**
Barbara Mosier Weible
Signature of Debtor 1

Date **August 12, 2016**

X __________
Signature of Debtor 2

Date __________

Fill in this information to identify your case:

Debtor 1 **Barbara Mosier Weible**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **16-03799**
(if known)

☐ Check if this is an amended filing

Official Form 107
Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

☐ Married
■ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

■ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

■ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

■ No
☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	**Gross income** (before deductions and exclusions)	**Sources of income** Check all that apply.	**Gross income** (before deductions and exclusions)

5. Did you receive any other income during this year or the two previous calendar years?
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
- ■ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	**Gross income from each source** (before deductions and exclusions)	**Sources of income** Describe below.	**Gross income** (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	**SOCIAL SECURITY**	**$10,619.00**		
For last calendar year: (January 1 to December 31, 2015)	**SOCIAL SECURITY**	**$18,204.00**		
For the calendar year before that: (January 1 to December 31, 2014)	**SOCIAL SECURITY**	**$17,895.00**		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $6,425* or more?

- ☐ No. Go to line 7.
- ☐ Yes List below each creditor to whom you paid a total of $6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

■ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $600 or more?

- ■ No. Go to line 7.
- ☐ Yes List below each creditor to whom you paid a total of $600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ■ No
- ☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

■ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No
■ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
SELENE FINANCE VS BARBARA WEIBLE 2012-CP-32-02762	**FORECLOSURE**	**LEXINGTON COUNTY 212 SOUTH LAKE DRIVE Lexington, SC 29072**	■ Pending ☐ On appeal ☐ Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

■ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

■ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

■ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than $600 per person?**

■ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than $600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value

14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than $600 to any charity?**

■ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than $600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. **Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

■ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property.*	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

■ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS P.A. **816 ELMWOOD AVENUE** **COLUMBIA, SC 29201** **JASON@MOSSATTORNEYS.COM**	**Attorney Fees: $290.00** **Filing Fee: $310.00**	**07/16**	**$290.00**
CC ADVISING, INC. **730 WASHINGTON AVE.** **SUITE 230-D** **Bay City, MI 48708-5732**	**Credit Counseling: $9.76**	**07/16**	**$9.76**

17. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**
Do not include any payment or transfer that you listed on line 16.

■ No

☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

■ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices.*)

■ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: **List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

■ **No**
☐ **Yes. Fill in the details.**

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

■ **No**
☐ **Yes. Fill in the details.**

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. **Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

■ **No**
☐ **Yes. Fill in the details.**

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Part 9: **Identify Property You Hold or Control for Someone Else**

23. **Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

■ **No**
☐ **Yes. Fill in the details.**

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

Part 10: **Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

■ ***Environmental law*** **means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or**

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- ***Site*** **means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.**
- ***Hazardous material*** **means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.**

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

■ **No**
☐ **Yes. Fill in the details.**

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

■ **No**
☐ **Yes. Fill in the details.**

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

■ **No**
☐ **Yes. Fill in the details.**

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ **A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time**
☐ **A member of a limited liability company (LLC) or limited liability partnership (LLP)**
☐ **A partner in a partnership**
☐ **An officer, director, or managing executive of a corporation**
☐ **An owner of at least 5% of the voting or equity securities of a corporation**

■ **No. None of the above applies. Go to Part 12.**
☐ **Yes. Check all that apply above and fill in the details below for each business.**

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

■ **No**
☐ **Yes. Fill in the details below.**

Name Address (Number, Street, City, State and ZIP Code)	Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Barbara Mosier Weible	
Barbara Mosier Weible **Signature of Debtor 1**	**Signature of Debtor 2**
Date August 12, 2016	**Date**

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☐ No
■ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No
☐ Yes. Name of Person ______. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Barbara Weible

DISCLOSURE OF ADDITIONAL ATTORNEY'S FEES

TYPE: Chapter 13 Bankruptcy for the United States Bankruptcy Court, the District of South Carolina.

Priority Claims for Supplemental Attorney's Fees

TYPE 1:	Defending §362 Motion by creditor	Amount: $350
TYPE 2:	Defending Motion to Dismiss by creditor after confirmation	Amount: $200
TYPE 3:	Resolve Petition to Dismiss by Trustee	Amount: $100
TYPE 4:	Combined §362 Motion by creditor and attending court	Amount: $700
TYPE 5:	Motion to reinstate Automatic Stay or resumption of payment	Amount: $700
TYPE 6:	Motion to modify post-confirmation plan	Amount: $400
TYPE 7:	Motion for Substitution of Collateral with hearing	Amount: $500
TYPE 8:	Motion to modify post-confirmation plan due to change in circumstances requiring new Schedule I and Schedule J	Amount: $600
TYPE 9:	Motion to incur debt	Amount: $550
TYPE 10:	Motion to sell property	Amount: $550
TYPE 11:	**Prevention** of §362 Motion for failing to maintain auto/home insurance and/or (out of court work-out)	Amount: $195
TYPE 12:	Defending §362 Motion by creditor after a previous claim for prevention has been filed	Amount: $350
TYPE 13:	Motion Establishing Priority of Tax Claim requiring a post-confirmation plan modification	Amount: $350
TYPE 14:	Objection to Creditor's Proof of Claim requiring a post-confirmation plan modification	Amount: $350
TYPE 15:	Motion for Moratorium requiring a hearing	Amount: $250
TYPE 16:	Motion to Substitute Attorney	Amount: $250
TYPE 17:	Taking over case	Amount: $500
TYPE 18:	Address change in estate due to inheritance	Amount: $150
TYPE 19:	Address change in estate due to workers compensation settlement	Amount: $150

TYPE 20:	Attorney Review/Release of Mortgage communication waiver	Amount: $200
TYPE 21:	Application to Employ	Amount: $200
TYPE 22:	Application for Settlement	Amount: $250
TYPE 23:	Creditor Violation Letter	Amount: $125
TYPE 24:	Consent Order Approving Loan Modification	Amount: $500
TYPE 25:	Consent Order Lifting the Stay (to proceed in family court)	Amount: $400
TYPE 26:	Negotiation with Mortgage Creditor for Loan Modification	Amount: $800
TYPE 27:	Attorney Request and Authorization for Loan Modification and/or workout options	Amount $250
TYPE 28:	Mortgage Loan Modification Report	Amount $ 200
TYPE 29:	Motion to Reinstate after Dismissal	Amount $1000
TYPE 30:	Application for settlement to use insurance proceeds	Amount $750

These fees are in addition to expedited attorney fees as referenced in the signed attorney client agreement. If you have an issue that requires legal work greater than the above-referenced amounts, a request for approval of additional fees will be submitted to the Bankruptcy Trustee and Bankruptcy Court. If any additional work is needed, the Attorney rate is $325/ per hour. Any service for a creditor is an additional $1.00 or more per creditor.

______________________________ Client

______________ Date

Barbara M. Weible
Client

08·08·16
Date

Fill in this information to identify your case:

Debtor 1: Barbara Mosier Weible

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: District of South Carolina

Case number (if known): 16-03799

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ■ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

- ■ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.
   - ■ **Not married**. Fill out Column A, lines 2-11.
   - ☐ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write $0 in the space.

		Column A **Debtor 1**	*Column B* **Debtor 2 or non-filing spouse**
2.	**Your gross wages, salary, tips, bonuses, overtime, and commissions** (before all payroll deductions).	$ 0.00	$
3.	**Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in.	$ 0.00	$
4.	**All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.** Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	$ 0.00	$

5. **Net income from operating a business, profession, or farm**

	Debtor 1		Column A	Column B
Gross receipts (before all deductions)	$ 0.00			
Ordinary and necessary operating expenses	-$ 0.00			
Net monthly income from a business, profession, or farm	$ 0.00	Copy here ->	$ 0.00	$

6. **Net income from rental and other real property**

	Debtor 1		Column A	Column B
Gross receipts (before all deductions)	$ 0.00			
Ordinary and necessary operating expenses	-$ 0.00			
Net monthly income from rental or other real property	$ 0.00	Copy here ->	$ 0.00	$

Debtor 1 **Barbara Mosier Weible** Case number (*if known*) **16-03799**

	Column A **Debtor 1**	*Column B* **Debtor 2 or non-filing spouse**
7. **Interest, dividends, and royalties**	$ **0.00**	$
8. **Unemployment compensation**	$ **0.00**	$
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you $ **0.00**		
For your spouse $		
9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.	$ **0.00**	$
10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
	$ **0.00**	$
	$ **0.00**	$
Total amounts from separate pages, if any. +	$ **0.00**	$
11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	$ **0.00** +	$ = $ **0.00** Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** $ **0.00**

13. **Calculate the marital adjustment.** Check one:

- ■ You are not married. Fill in 0 below.
- ☐ You are married and your spouse is filing with you. Fill in 0 below.
- ☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

$

$

+$

Total $ **0.00** **Copy here=>** - **0.00**

14. **Your current monthly income.** Subtract line 13 from line 12. $ **0.00**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here**=>** $ **0.00**

Multiply line 15a by 12 (the number of months in a year). **x** 12

15b. The result is your current monthly income for the year for this part of the form. $ **0.00**

Debtor 1 **Barbara Mosier Weible** Case number (*if known*) **16-03799**

16. **Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live. **SC**

16b. Fill in the number of people in your household. **1**

16c. Fill in the median family income for your state and size of household. $ **42,040.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. **How do the lines compare?**

17a. ■ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3).* **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3).* **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. **Copy your total average monthly income from line 11 .** $ **0.00**

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. -$ **0.00**

19b. **Subtract line 19a from line 18.** $ **0.00**

20. **Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b $ **0.00**

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form $ **0.00**

20c. Copy the median family income for your state and size of household from line 16c $ **42,040.00**

21. **How do the lines compare?**

■ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.

☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X **/s/ Barbara Mosier Weible**
Barbara Mosier Weible
Signature of Debtor 1

Date **August 12, 2016**
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.